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PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

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Patent and Trademark Office ⁻ U.S	. DEPARTMENT OF COMMERC

	UTILITY
P	ATENT APPLICATION

Please type a plus sign (+) inside this box ->

Attorney Docket No. PC10910ARTB

First Named Inventor or Application Identifier | Christopher G. Barber, et al Title | CYCLOPENTYL-SUBSTITUTED GLUTARAMIDE DERIVATIVES AS INHIBITORS OF NEUTRAL ENDOPEPTIDASE | Express Mail Label No. | EL709320814US

PATEN	T APPI	LICATION				
TRANSMITTAL						

(Only for new nonprovisional applications under 37C.F.R §1 53(b)) Assistant Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: **Box Patent Application** See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 1. *Fee Transmittal Form (e.g., PTO/SB/17) 6. Microfiche Computer Program (Appendix) (Submit an original, and a duplicate for fee processing) 7. Nucleotide and/or Amino Acid Sequence Submission 2 **ITotal Pages** 168 (if applicable, all necessary) (preferred arrangement set forth below) Descriptive title of the Invention a. Computer Readable Copy Cross References to Related Applications b. Statement Regarding Fed sponsored R&D Paper Copy (identical to computer copy) Reference in Microfiche Appendix C. Statement verifying identity of above copies Background of the Invention **ACCOMPANYING APPLICATION PARTS** Brief Summary of the Invention 8. Assignment Papers (cover sheet & document(s)) Brief Description of the Drawings (if filed) Detailed Description 9. 37 C.F.R §3.73(b) Statement Power of Attorney Claim(s) (when there is an assignee) Abstract of the Disclosure English Translation Document (if applicable) 10. 11. Information Disclosure Copies of IDS Drawing(s) (35 U.S.C. 11.3)[Total sheets Statement (IDS)/PTO-1449 Citations Oath or Declaration [Total pages 12. Preliminary Amendment Newly executed (original or copy) 13. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Copy from a prior application (37 CFR *Small Entity 14. Statement filed in prior application, (for continuation/divisional with Box 17 completed) Status still proper and desired Statement(s) [Note Box 5 below] (PTO/SB/09-12) **DELETION OF INVENTOR(S)** Certified Copy of Priority Document(s) 15. Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application. see 37 C.F.R. §§1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4b is checked) 5. Other: Priority Claim The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. *NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment. Continuation Divisional Continuation-in-part (CIP) of prior application No: Prior application information: Examiner Group/Art Unit: 18. CORRESPONDENCE ADDRESS (Insert Customer No. or Attach bar code label here) Customer Number or Bar Code Label Correspondence address below Name Gregg C. Benson Address Pfizer Inc. Address Patent Department, MS 4159, Eastern Point Road City Groton State Zip Code 06340 Country United States Of America Telephone 1-(860)-441-4901 Fax 1-(860)-441-5221 Robert T. Barker NAME (Print/type) Registration No. (Attorney/Agent) 41,597 Signature Date

Express Mail No.: EL709320814US

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FEE TRANSMITTAL		Complete if Known						
		Application Number			To Be Assigned			
	Filing Da	Filing Date			Filed Herewith			
Patent fees are subject to annual revision on October 1. These are the fees effective October 1., 2000.	First Na	First Named Inventor			Christopher G. Barber, et al			
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examine	Examiner Name			To Be Assigned			
See 37 C.F.R. §§ 1.27 and 1.28.	Group/A	rt Unit			To Be Assigned			
Total Amount of Payment (\$)1,808	Attorney	Docke	t No.		PC10910ARTB			
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)						
1. Mail The commissioner is hereby authorized to charge	3. ADDITIONAL FEES							
indicated fees and credit any over payments to:		ntity	Small					
Deposit Account Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	on	Fee Paid	
Deposit Account Name	105	130	205	65	Surcharge – late fee or	oath		
Name []							
☐ Charge the Issue Fee Set in	127	50	227	25	Surcharge-late provisio cover sheet	nal filing fee or		
37 Fee Required Under 37 C.F.R. § 1.1.8 at the Mailing C.F.R. §§ 1.1.6 and 1.17. of the Notice of Allowance.	139	130	139	130	Non-English specification	on		
	147	2,520	147	2,520	For filing a request for re	eexamination		
Payment Enclosed:	112	920*	112	920*	Requesting publication	of SIR prior to		
☐ Check ☐ Money Order ☐ Other	113	1,840*	113	1,840*	Examiner action Requesting publication of SIR after Examiner action			
FEE CALCULATION	115	110	215	55	Extension for reply within	in first month		
SIC FILING FEE	116	390	216	195	Extension for reply within month			
ge Entity Small Entity	117	890	217	445	Extension for reply withi			
; (\$) Code (\$)	118	1,390	218	695	Extension for reply withi	in fourth month		
710 201 355 Utility filing fee 710	128	1,890	228	945	Extension for reply within fifth month			
320 206 160 Design filing fee	119	310	219	155	Notice of Appeal			
490 207 245 Plant filing fee	120	310	220	155	Filling a brief in support of an appeal			
710 208 355 Reissue filing fee	121	270	221	135	Request for oral hearing			
150 214 75 Provisional filing fee	138	1,510	138		Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 710	140	110	240	55	Petition to revive - unavoidable			
TRA CLAIM FEES	141	1,240	241	620	Petition to revive - uninte	entional		
Extra Fee from Claims below Fee Paid	142	1,240	242	620	Utility issue fee (or reiss	sue)		
Claims 37 -20**= 21 X 18 = 378	143	440	243	220	Design issue fee			
Independent 12 - 3**= 9 X 80 = 720	144	600	244	300	Plant issue fee			
Claims	122	130	122	130	Petitions to the Commissioner			
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	123	50	123		Petitions related to provisional			
Fee Fee Fee Fee Description	126	240	126	240	applications Submission of Information	on Disclosure		
Code (\$) 103 18 203 9 Claims in excess of 20	581	40	581	40	Statement Recording each patent assignment per			
102 80 202 40 Independent claims in excess of 3	146	710	246	355	property (times number of properties) Filing a submission after final rejection			
104 270 204 135 Multiple dependent claim, if not paid	149	710	249	355	(37 CFR 1.129(a)) For each additional invention to be			
109 80 209 40 **Reissue independent claims over	examined (37 CFR 1.129(b)) Other Fee (specify)							
ofiginal patent 110 18 210 9 ***Reissue claims in excess of 20 and over ofiginal patent	Other Fee (specify)							
SUBTOTAL (2) (\$) 1,098	*Reduced	by Basic	Filing Fe	e Paid	SUBTOTAL ((3) (\$)	0	
SUBMITTED BY Complete (if Applicable)							ہے۔	
Type or Printed Name Robert T. Barker					Reg. Number	41,597		
Signature Multi. R	Date 6 28 01				Deposit Account User ID	16-1445		

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